

UROLOGICAL MEDICAL GROUP OF NORTH ORANGE COUNTY

Adult and Pediatric Urology

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NON PARTICIPATING PROVIDER

Dear Patient:

This letter will serve as written acknowledgement that you have been notified that Urological Medical Group of North Orange County is a non-participating provider with your insurance company.

This means that your insurance carrier might not pay for today’s charges, or they may apply to a deductible, or you could have a higher out of pocket expense.

I _____, understand that I am selecting to see a non-participating provider, and I understand that I am financially responsible for all charges.

Signature of Member Witness Date

